REQUEST FOR FORESTRY ASSISTANCE

The following is **REQUIRED INFORMATION** to help us prepare for a visit to you property and to fulfill your request for assistance. Incomplete forms will be returned.

riease print:			
Name:			
Street Address:			
City/State/Zip Code:			
Home Phone:	Phone: Work Phone:		
Property Location: QTRSF	ECTWP	COUNTY	
To Be Total Acres: Forested	Forested	Grasslands	
FORESTRY GOALS: My interest in forestry ass			
Forest Stewardship Program	Wildlife Hab	pitat	7
IL Forestry Development Act	Fencing (to	exclude livestock)	7
Woodland Inspection	Insect and/or	r Disease Problem	7
Woodland Inventory	Watershed In	mprovement	7
Thinning/Pruning	Aesthetics		7
Timber Harvest	Other		7
Tree Planting			
COMPLETE THE FOLLOWING:			_
Have you or a previous owner of your property re	eceived forestry assistance from	a professional Forester?	If yes, when and/or who received that assistance?
Does your property have a Conservation Plan pre	mand by the Netwel December	Consouration Comics (ADCC)	
	-		
Does your property have a Wildlife Management	Plan prepared by the Illinois D	epartment of Natural Resource	ss?
Do you plan to retain ownership of this parcel for	10 years?		
Do you have access to farm type equipment?			
Do you live on the property?			

WE MUST HAVE A BRIEF DESCRIPTION OF YOUR PLANS FOR THE PROPERTY ON THE BACK OF THIS FORM.

To this form, attach an $8 \frac{1}{2} \times 11$ " plat of survey copy and an aerial photo with you property boarders outlined. This form must be completed and returned to your local <u>District Forester</u> to constitute a formal request for assistance and scheduled response.